

# Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038  
972.906.0603 972.255.9712 (fax)

## Notice of Independent Review Decision

**DATE OF REVIEW:** AUGUST 20, 2012

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed Electromyography and Nerve Conduction (95860, 95861, 95900, 95904)

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

XX Upheld (Agree)  
☐ Overturned (Disagree)  
☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.2	95860		Prosp	1					Upheld
724.2	95861		Prosp	1					Upheld
724.2	95900		Prosp	1					Upheld
724.2	95904		Prosp	1					Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-21 pages

Respondent records- a total of 68 pages of records received to include but not limited to:

Liberty Mutual Group letter 7.30.12; TDI letter 7.30.12; request for an IRO forms; Utilization Management, Liberty Mutual Group letters 6.26.12, 7.10.12, 7.11.12; Report 6.25.12, 7.11.12; Dr. records 3.9.12-7.10.12; Medical Center records 2.8.12-6.12.12; Medical Center, MRI L-Spine report 12.14.11; Images, Inc x-ray L-spine 3.6.12

Requestor records- a total of 12 pages of records received to include but not limited to:

Medical Center records 2.8.12-6.12.12; Dr. records 3.9.12; Medical Center, MRI L-Spine report 12.14.11; Images, Inc x-ray L-spine 3.6.12

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured employee is a gentleman who was noted to have sustained a lifting injury resulting in low back pain. The medical records presented for review start with an MRI of the lumbar spine that noted significant facet joint disease, resulting in a spinal stenosis and multiple level disc bulges with no objectification of nerve root encroachment.

After the initial evaluation, and continued symptomology, Dr. was seen in consultation. It was noted that the injured employee was treated with physical therapy and medications. The findings noted on the MRI were reported. The assessment was a myofascial strain. Mr. continued to complain of low back and right leg pain. The physical examination reported by Dr. noted a normal neurologic assessment, normal motor function and a non-dermatomal sensory examination. Plain radiographs completed in Dr.'s office noted significant degenerative changes to the lumbar spine and SI joints.

The request for an electrodiagnostic assessment was non-certified and withdrawn. A reconsideration was also non-certified.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

**RATIONALE:**

As noted in the Division mandated Official Disability Guidelines, the criteria for such electrodiagnostic assessment are:

**Minimum Standards for electrodiagnostic studies:** The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends the following minimum standards:

- (1) EDX testing should be medically indicated (i.e., to rule out radiculopathy, lumbar plexopathy, peripheral neuropathy).
- (2) Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for "screening purposes" rather than diagnosis are not acceptable.
- (3) The number of tests performed should be the minimum needed to establish an accurate diagnosis.
- (4) NCSs (Nerve conduction studies) should be either (a) performed directly by a physician or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed.
- (5) EMGs (Electromyography - needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted.
- (6) It is appropriate for only 1 attending physician to perform or supervise all of the components of the electrodiagnostic testing (e.g., history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. If both tests are done, the reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression.
- (7) If both tests are done, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. (AANEM, 2009) Note: For low back NCS are not recommended and EMGs are recommended in some cases, so generally they would not both be covered in a report for a low back condition.

Inasmuch as there is no competent, objective or independently confirmable medical evidence of a verifiable radiculopathy on physical examination, and that there is no basis for a NCS (Nerve conduction studies), this request cannot be supported based on the clinical data forwarded by the requesting provider.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)